

Entered:

# IATSE Local No. 115

P.O. Box #462, Jacksonville, FL 32201  
(904) 723-6070

## Personal Information Form

E-mail \_\_\_\_\_ Social Security # \_\_\_\_\_

First Name/Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse \_\_\_\_\_ Fax \_\_\_\_\_

<b>If IA Member</b>	<b>Local # _____ 2nd Local # _____ Original Local # _____</b> <b>Initiation Date _____ Original Initiation Date _____</b>	
<b>For W4</b>	<input type="checkbox"/> <b>Deduct Single</b> <input type="checkbox"/> <b>Deduct Married</b> <input type="checkbox"/> <b>Deduct Married at Single Rate</b> <b>Number of Allowances _____ Extra Withholding _____</b> <input type="checkbox"/> <b>Name Different than on Social Security Card</b> <b>If Tax Exempt write "Exempt" _____</b>	
<b>For I9</b>	<b>Maiden Name _____</b> Choose   <input type="checkbox"/> <b>Citizen of United States of America</b> One   <input type="checkbox"/> <b>Lawful Resident Alien   Alien # _____</b>   <input type="checkbox"/> <b>Alien Authorized to work until: _____</b> <b>Drivers License # _____ State _____ Expires _____</b>	
<b>EEOC</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	<input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Black</b> <input type="checkbox"/> <b>Hispanic</b> <input type="checkbox"/> <b>Asian/Pacific Islander</b> <input type="checkbox"/> <b>American Indian/Alaskan</b>